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Bib Data Sheet

CONFIRMATION NO. 7288

SERIAL NUMBER 10/774,162	FILING DATE 02/06/2004 RULE	CLASS 095	GROUP ART UNIT 1724	ATTORNEY DOCKET NO. 228077-001126
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APPLICANTS

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** CONTINUING DATA *****
 NONE

** FOREIGN APPLICATIONS *****
 NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 05/05/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	STATE OR COUNTRY TX	SHEETS DRAWING 5	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 4
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ADDRESS

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TITLE

Evertible filter wrap with straps

FILING FEE RECEIVED 874	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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